

ISSUE SLIP/STAPLE AREA (for additional cross references)

|                           |                           |                           |                                |
|---------------------------|---------------------------|---------------------------|--------------------------------|
| POSITION                  | INITIALS                  | ID NO                     | DATE                           |
| FEE DETERMINATION         | <i>[Handwritten: S]</i>   |                           | <i>[Handwritten: 08/22/81]</i> |
| O.I.P.E. CLASSIFIER       |                           |                           |                                |
| FORMALITY REVIEW          | <i>[Handwritten: A-S]</i> | <i>[Handwritten: 923]</i> | <i>[Handwritten: 9-7-1]</i>    |
| RESPONSE FORMALITY REVIEW |                           |                           |                                |

INDEX OF CLAIMS

☒ Rejected  
☐ Allowed  
☐ (Through numeral)  
☐ Canceled  
☐ Restricted

☐ N  
☐ I  
☐ A  
☐ O

☐ Non-elected  
☐ Interference  
☐ Appeal  
☐ Objected

| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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